

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 2:17-cv-13916-BAF-APP

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Office of the Attorney General
 was received by me on (date) 01/08/2018 .

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other (specify): Certified mail, return receipt requested; restricted delivery: 950 Pennsylvania Ave NW,
 Washington DC 20003

My fees are \$ 10.12 for travel and \$ _____ for services, for a total of \$ 10.12 .

I declare under penalty of perjury that this information is true.

Date: 01/22/2018

Ahmed M. Mohamed

Server's signature

Ahmed M. Mohamed, Trial Attorney

Printed name and title

453 New Jersey Ave SE, Washington DC 20003

Server's address

Additional information regarding attempted service, etc:

USPS Tracking®

[FAQs > \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

Track Another Package +

Tracking Number: 70170190000025552608

Remove X

Expected Delivery on

MONDAY

8

JANUARY
2018 ⓘ

by

8:00pm ⓘ

 **Delivered**

January 8, 2018 at 4:33 am

Delivered

WASHINGTON, DC 20530

Get Updates ✓

Text & Email Updates



Tracking History



Product Information



See Less ^

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Go to our FAQs section to find answers to your tracking questions.

7017 0190 0000 0610 2102

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here ↓
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ <u>10.12</u>	
Sent To <u>Office of AG, Qafko</u>	
Street and Apt. No., or PO Box No. <u>950 Pennsylvania Ave NW</u>	
City, State, ZIP+4® <u>Washington, DC 20530-0001</u>	

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 2:17-cv-13916-BAF-APP

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) United States Attorney
 was received by me on (date) 01/08/2018 .

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other (specify): Certified mail, return receipt requested; restricted delivery: 211 W. Fort Street, Suite 1200,
 Detroit, Michigan 48226

My fees are \$ 10.12 for travel and \$ _____ for services, for a total of \$ 10.12 .

I declare under penalty of perjury that this information is true.

Date: 01/22/2018

Ahmed M. Mohamed

Server's signature

Ahmed M. Mohamed, Trial Attorney

Printed name and title

453 New Jersey Ave SE, Washington DC 20003

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Attorneys
Office
211 W. Fort St, Suite 2001
Detroit, MI 48226

2. Article Number

(Transfer from service label)

7017 0190 0000 2555 2615

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

7017 0190 0000 2552 2615

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	Postmark Here ↓
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$ 10.12	
Sent To <u>W Attorney, Detroit, GAFT</u>	
Street and Apt. No., or PO Box No. <u>211 W. Fort St, Suite 201</u>	
City, State, ZIP+4® <u>Detroit, MI 48226</u>	

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 17-cv-13916

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Aaron F. Poyer
 was received by me on (date) 01/09/2018 .

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other (specify): Certified mail, return receipt requested; restricted delivery: 211 W. Fort Street, Suite 1200,
 Detroit, Michigan 48226

My fees are \$ 10.12 for travel and \$ _____ for services, for a total of \$ 10.12 .

I declare under penalty of perjury that this information is true.

Date: 01/22/2018

Ahmed M. Mohamed

Server's signature

Ahmed M. Mohamed, Trial Attorney

Printed name and title

453 New Jersey Ave SE, Washington DC 20003

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Aaron F. Poyer*
CBP Supervisory Criminal
Investigator
Detroit Field Office, US CBP
211 W. Fort Street, Suite 1200
Detroit, MI 48226

2. Article Number
 (Transfer from service label)

7017 0190 0000 2555 2592

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Valerie Abernethy

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

7017 0190 0000 2555 2592

U.S. Postal Service	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	Postmark Here ✓
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage	
\$	
Total Postage and Fees	
\$ 10.12	
Sent To	Aaron F. Poyer, CBP OAFK
Street and Apt. No., or PO Box No.	211 W. Fort Street, Suite 1200
City, State, ZIP+4®	Detroit, MI 48226

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 17-cv-13916

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Christopher M. Perry
 was received by me on (date) 01/09/2018 .

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____ , a person of suitable age and discretion who resides there,
 on (date) _____ , and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____ , who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other (specify): Certified mail, return receipt requested; restricted delivery: 211 W. Fort Street, Suite 1200,
Detroit, Michigan 48226

My fees are \$ 10.12 for travel and \$ _____ for services, for a total of \$ 10.12 .

I declare under penalty of perjury that this information is true.

Date: 01/22/2018

Ahmed M. Mohamed

Server's signature

Ahmed M. Mohamed, Trial Attorney

Printed name and title

453 New Jersey Ave SE, Washington DC 20003

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Attn: Christopher M. Perry*
Director, Detroit Field Office
United States CBP
211 W. Fort Street, Suite 1200
Detroit, MI 48226

2. Article Number
 (Transfer from service label)

7017 0190 0000 2555 2578

COMPLETE THIS SECTION ON DELIVERY

A. Signature

J. Alford

☐ Agent
☐ Addressee

B. Received by (Printed Name)

J ALFORD

C. Date of Delivery

1/9/18

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

U.S. Postal Service	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	Postmark Here ✓
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage	
\$	
Total Postage and Fees	
\$ 10.12	
Sent To Christopher M. Perry Qatko	
Street and Apt. No., or PO Box No. 211 W. Fort Street, Suite 1200	
City, State, ZIP+4® Detroit MI 48226	

7017 0190 0000 2555 2578

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 17-cv-13915

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Charles T. Mullins, Jr.
 was received by me on (date) 01/09/2018 .

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other (specify): Certified mail, return receipt requested; restricted delivery: 211 W. Fort Street, Suite 1200,
 Detroit, Michigan 48226

My fees are \$ 10.12 for travel and \$ _____ for services, for a total of \$ 10.12 .

I declare under penalty of perjury that this information is true.

Date: 01/22/2018

Ahmed M. Mohamed

Server's signature

Amed M. Mohamed, Trial Attorney

Printed name and title

453 New Jersey Ave SE, Washington DC 20003

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Charles T. Mullins Jr.*
CBP Internal Affairs Criminal Investigator
Detroit Field Office, US CBP
211 W. Fort Street, Suite 1200
Detroit, MI 48226

2. Article Number

(Transfer from service label)

7017 0190 0000 2555 2585

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Valerie Chenevix☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

7017 0190 0000 2555 2585

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	Postmark Here ✓
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage	
\$	
Total Postage and Fees	
\$ 10.12	
Sent To	Charles T. Mallin Jr Out K
Street and Apt. No. or PO Box No.	211 W. Fort Street, Suite 1200
City, State, ZIP+4®	Detroit, MI 48226